

FORM  
5  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:  
400194880

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary completion

1. OGCC Operator Number: 66571 4. Contact Name: Joan Proulx  
2. Name of Operator: OXY USA WTP LP Phone: (970) 263-3641  
3. Address: P O BOX 27757 Fax: (970) 263-3694  
City: HOUSTON State: TX Zip: 77227

5. API Number 05-045-18128-00 6. County: GARFIELD  
7. Well Name: Cascade Creek Well Number: 697-08-08B  
8. Location: QtrQtr: NENE Section: 8 Township: 6S Range: 97W Meridian: 6  
Footage at surface: Distance: 961 feet Direction: FNL Distance: 1099 feet Direction: FEL  
As Drilled Latitude: 39.542060 As Drilled Longitude: -108.238050

GPS Data:  
Date of Measurement: 08/03/2010 PDOP Reading: 3.6 GPS Instrument Operator's Name: R Renke

\*\* If directional footage at Top of Prod. Zone Dist.: 381 feet. Direction: FNL Dist.: 239 feet. Direction: FEL  
Sec: 8 Twp: 6S Rng: 97W  
\*\* If directional footage at Bottom Hole Dist.: 381 feet. Direction: FNL Dist.: 239 feet. Direction: FEL  
Sec: 8 Twp: 6S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290  
11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 05/15/2011 13. Date TD: 07/05/2011 14. Date Casing Set or D&A: 07/09/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9000 TVD\*\* 8885 17 Plug Back Total Depth MD 8944 TVD\*\* 8829

18. Elevations GR 8426 KB 8418 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
RST/Sigma Mode/GR-CCL  
CBL/CBL-VDL/GR-CCL  
RST/Inelastic Capture Mode/GR-CCL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20+0/0	16+0/0	65	0	110	4	0	110	CALC
SURF	14+3/4	9+5/8	36	0	2,698	1,237	0	2,698	CALC
1ST	8+3/4	4+1/2	11.6	0	8,979	1,790		8,979	

### ADDITIONAL CEMENT

Cement work date: 05/17/2011

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
	SURF	2,698	117	0	2,698

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
FORT UNION	4,630	6,021	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,021	6,268	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,268	8,416	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	8,416	8,813	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,813		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Preliminary Form 5

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_ Print Name: Joan Proulx

Title: Regulatory Analyst Date: 8/11/2011 Email: joan\_proulx@oxy.com

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400194888	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400194889	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400194880	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400194887	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	RST/ICM/GR/CCL; CBL; RST/SM/GR/CCL rcd, not yet scanned. Log file attached thru "well log upload" utility is corrupt. No LAS uploaded. NKP	8/24/2011 5:53:40 PM

Total: 1 comment(s)